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DATE: December 10, 2004

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TO: Commissioner for Patents

FAX: 703-872-9306

CLIENT NUMBER: 060695-0002

FROM: Gabriel S. Gross/Reg. No. 52,973

MESSAGE: Please see attached Transmittal Forms and Revocations of Power of Attorney with New Power of Attorney and Change of Correspondence Address for the following matters:

Application Nos.:

- | | | | |
|-----|------------|-----|------------|
| 1. | 10/657,722 | 11. | 29/188,787 |
| 2. | 10/610,312 | 12. | 29/188,052 |
| 3. | 10,601,133 | 13. | 29/187,658 |
| 4. | 10/293,235 | 14. | 29/185,105 |
| 5. | 29/191,069 | 15. | 29/169,951 |
| 6. | 29/191,067 | 16. | 29/151,726 |
| 7. | 29/191,066 | 17. | 10/910,953 |
| 8. | 29/191,065 | 18. | 10/720,578 |
| 9. | 29/189,363 | 19. | 10/695,429 |
| 10. | 29/188,902 | | |

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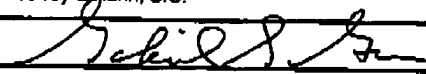
PTO/SB/21 (09-04)

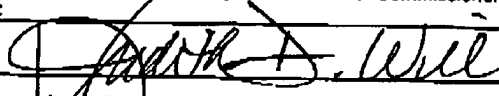
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/657,722	
	Filing Date	09/08/2003	
	First Named Inventor	Chris Chudek	
	Art Unit	2859	
	Examiner Name	Amy R. Cohen	
Total Number of Pages in This Submission	2	Attorney Docket Number	2185.010USU

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Godfrey & Kahn, S.C.	
Signature		
Printed name	Gabriel S. Gross	
Date	Dec. 10, 2004	Reg. No. 52,973

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	
Typed or printed name	Judith D. Will
Date	12-10-04

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/657.722
	Filing Date	09/08/2003
	First Named Inventor	Chris Chudek
	Art Unit	2859
	Examiner Name	Amy R. Cohen
	Attorney Docket Number	2185.010USU

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 20572

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 20572

OR


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Address			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Michael Petersen		
Date	12/5/04	Telephone	203-332-4142

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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